

BONE OSSIFICATION SUPPRESSION AGENTS PA SUMMARY

PREFERRED	Fosamax weekly, Fosamax monthly, Fosamax plus D, Miacalcin Injectable, Miacalcin nasal spray
NON-PREFERRED	Didronel, Actonel, Actonel with Calcium, Boniva, Fortical.

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

- ❖ Use of 1 preferred product in claim history in the past year
- OR:
- ❖ Submit documentation of allergies, contraindications, drug-drug interactions, or show a history of intolerable side effects to 1 of the preferred agents.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Express Scripts at 1-877-650-9340**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please click [here](#).

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please select Pharmacy Services from the manuals listed [at this link](#).